

**UNITED STATES DISTRICT COURT**  
For the District of Delaware

United States Surety Company

V.

**SUMMONS IN A CIVIL CASE**

M. Miller Trucking et al.

CASE NUMBER : 05-675 GMS

TO: CORETRANS, LLC  
James D. Liebman  
Registered Agent  
403 West Main Street  
Frankfort, Kentucky 40601

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY:

Donald R. Kinsley, Esq.  
Marks, O'Neill, O'Brien & Courtney, P.C.  
913 N. Market Street, Suite 800  
Wilmington, DE 19801

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

**PETER T. DALLEO**

CLERK

**DEC 16 2005**

DATE

*Bel. Puno*  
(By) DEPUTY CLERK

## RETURN OF SERVICE

Service of the Summons and complaint was made by me(1)	DATE
	12/20/05
NAME OF SERVER (PRINT)	TITLE
Donald E Kinsley	Attorney for Plaintiff

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served:

- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

Other (specify):

Certified mail return receipt requested

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct..

Executed on 12/22/05  
Date

Signature of Server

*Markus O'Neil O'Brien*  
Markus O'Neil O'Brien  
913 W. Market St.  
Suite 800

Address of Server

Wilmington DE 19801

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

7002 2410 0004 2240 0437

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To Core Trons  
James D. Liebman  
 Street, Apt. No.,  
 or PO Box No. RIA  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

James D. Liebman  
 Registered Agent  
 403 West Main Street  
 Frankfort, Kentucky 40601

## 4a. Article Number

7002 2410 0004 2240 0437

## 4b. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Registered                                | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                              | <input type="checkbox"/> Insured              |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

## 7. Date of Delivery

## 5. Received By: (Print Name)

D. Davenport

## 6. Signature: (Addressee or Agent)

X.D. Davenport

## 8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.